

BAR CODE LABEL



## U.S. PATENT APPLICATION

SERIAL NUMBER

08/726,024

FILING DATE

10/04/96

CLASS

340

GROUP ART UNIT

2617

APPLICANT

DANIEL A. HENDERSON, LOS ALTOS, CA.

\*\*CONTINUING DATA\*\*\*\*\*  
VERIFIED

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\*\*FOREIGN/PCT APPLICATIONS\*\*\*\*\*  
VERIFIED

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FOREIGN FILING LICENSE GRANTED 01/22/97

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

STATE OR  
COUNTRY

CA

SHEETS  
DRAWING

47

TOTAL  
CLAIMS

18

INDEPENDENT  
CLAIMS

9

FILING FEE  
RECEIVED

\$620.00

ATTORNEY DOCKET NO.

317MH-23513

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TITLE

METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM

This is to certify that annexed hereto is a true copy from the records of the United States  
Patent and Trademark Office of the application which is identified above.

By authority of the  
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 08/726,024	<b>FILING DATE</b> 10/04/1996 <b>RULE</b> -	<b>CLASS</b> <del>455</del> 374	<b>GROUP ART UNIT</b> <del>3747</del> 2645	<b>ATTORNEY DOCKET NO.</b> 317MH-23513
<b>APPLICANTS</b> DANIEL A. HENDERSON, LOS ALTOS, CA ;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/005,029 10/06/1995 WHICH IS A CIP OF 08/177,851 01/05/1994  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/22/1997</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 47	<b>TOTAL CLAIMS</b> 18
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b>  Hill & Hunn LLP 201 Main Street, Suite 1440 FORT WORTH, TX 76102				
<b>TITLE</b> METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM				
<b>FILING FEE RECEIVED</b> 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	